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7590 02/11/2005

Lawrence P. Kessler
Patent Department
NexPress Solutions LLC
1447 St. Paul Street
Rochester, NY 14653-7103



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| | |
|-------------------------|--------------------|
| <i>June P. Carfagna</i> | (Depositor's name) |
| <i>June P. Carfagna</i> | (Signature) |
| <i>April 27, 2005</i> | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

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|------------|------------|-----------------|---|------|
| 09/973,228 | 10/09/2001 | John Walter May | 81 461/LPK 05/03/2005 AKELECH2 00000008 09973228 | 5255 |
|------------|------------|-----------------|---|------|

TITLE OF INVENTION: IMAGING USING A COAGULABLE INK ON AN INTERMEDIATE MEMBER

01 FC:1501
02 FC:1504
1400.00 OP
300.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 05/11/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| MAYEKAR, KISHOR | 1753 | 347-103000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Lawrence P. Kessler*

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
EASTMAN KODAK COMPANY
343 STATE STREET, ROCHESTER, NY 14650-2201

(B) RESIDENCE: (CITY and STATE) **05/02/2005 AKELECH2 00000037 09973225**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Mark G. Bocchetti*
Typed or printed name **Mark G. Bocchetti**

Date **4-27-05**
Registration No. **31,330**

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